

ENTERED

WATER WELL REPORT
STATE OF WASHINGTONStart Card No. W090890
Water Right Permit No.

6000

(1) OWNER: Name **BOM AIR COMMUNITY ASSOC** Address **2014 S DONNA DR COUPEVILLE, WA 98239-31-2E-29N**

(2) LOCATION OF WELL: County **ISLAND** - SW 1/4 SW 1/4 Sec 29 T 31 N., R 2E WM

(2a) STREET ADDRESS OF WELL (or nearest address) **COXS RD**

(3) PROPOSED USE: **MUNICIPAL**

(4) TYPE OF WORK: Owner's Number of well **2**
(If more than one)
NEW WELL Method: **ROTARY**

(5) DIMENSIONS: Diameter of well **8** inches
Drilled **135** ft. Depth of completed well **129.3** ft.

(6) CONSTRUCTION DETAILS:
Casing installed: **8** " Dia. from **+2.5** ft. to **121.3** ft.
WELED " Dia. from " ft. to " ft.
" Dia. from " ft. to " ft.

Perforations: **NO**
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: **YES**
Manufacturer's Name **NAGAOKA**
Type **STAINLESS STEEL** Model No.
Diam. **8** slot size **10** from **119.3** ft. to **129.3** ft.
Diam. slot size from ft. to ft.

Gravel backed: **NO** Size of gravel
Gravel placed from ft. to ft.

Surface seal: **YES** To what depth? **18** ft.
Material used in seal **BENTONITE**
Did any strata contain unusable water? **NO**
Type of water? Depth of strata ft.
Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type H.P.

(8) WATER LEVELS: Land-surface elevation
above mean sea level ... ft.
Static level **93.45** ft. below top of well Date **08/12/97**
Artesian Pressure lbs. per square inch Date
Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? **YES** If yes, by whom? **HAYES DRILLING**
Yield: **25** gal./min with **25.15** ft. drawdown after **24** hrs.

Recovery data
Time Water Level Time Water Level Time Water Level
00.01 109.8 00.02 104.5 00.03 100.9
00.04 98.80 00.05 97.45 00.10 94.45
00.15 93.92 00.20 93.84 00.30 93.74
Date of test **08/13/97**
Bailer test gal/min. ft. drawdown after hrs.
Air test **20** gal/min. w/ stem set at **117** ft. for **1** hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? **YES**

(10) WELL LOG
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

MATERIAL	FROM	TO
TOPSOIL	0	1
GRAY SAND & GRAVEL	1	13
GRAY SILT SAND & GRAVEL	13	20
GRAY GRAVEL SILT & SAND & CLAY	20	61
BROWN SAND & CLAY	61	86
BROWN SILT & SAND	86	110
BROWN SAND & WATER	110	130
GRAY SILT SAND & WATER	130	

Work started **07/14/97** Completed **07/22/97**

WELL CONSTRUCTOR CERTIFICATION:
I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME **HAYES DRILLING, INC.**
(Person, firm, or corporation) (Type or print)

ADDRESS **556 E 5TH RD. BOM WA**

[SIGNED] *[Signature]* License No. **2189**

Contractor's
Registration No. **HAYESDI106J5** Date **09/03/97**

RECEIVED
SEP 15 1997
DEPT. OF ECOLOGYWELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON
INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

WASHINGTON STATE
DEPARTMENT OF
ECOLOGY59497

Well Tagging Form

Unique Well Tag No: _____

AGA 954

RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive SPL #2
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name BUN AIR COMM. CLUB, INC Last Name _____
07630-0

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address DEAD END OF COX ROAD

City _____ County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____